

# Los Angeles County College of Nursing and Allied Health

## Request for verification of enrollment

Please complete this form to request letters verifying you are enrolled in the nursing program. Complete item I, II, III, and IV as applicable. Letters will be placed in your mailbox unless you request the letter be mailed.

### I.

Name	Class	
Address		
City	State	Zip Code
Telephone number, cell # or email address		College mailbox #

### II. Check (✓) the type of letter you are requesting:

- A. **Standard letter** - verifies enrollment, start/end date of current semester, number of semesters completed and projected graduation date. This letter meets the requirements for student worker.
- B. **Nurse Internship** - same as "A" includes cumulative GPA for the nursing program.
- C. **Full time status letter** - indicate recipient of letter  
\_\_\_ Foothill Transit system      \_\_\_ Health Insurance  
\_\_\_ Other (please specify) \_\_\_\_\_
- D. **Other** - please specify \_\_\_\_\_

III. \_\_\_ I request to have the attached form completed.

IV. \_\_\_ Mail the letter to:

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For office use only:

Date received: \_\_\_\_\_ Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Date mailed, if requested: \_\_\_\_\_